

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Cochise  
District of \_\_\_\_\_  
Town of Claypool  
or \_\_\_\_\_  
City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 168  
County Registrar No. \_\_\_\_\_  
Local Registrar No. 613

2. Full name of child Esther Benites  
(If birth occurred in a hospital or institution, give its NAME instead of street and number) ) If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other. \_\_\_\_\_ 5. No., in order of birth. yes 6. Legitimate? yes 7. Date of birth May 22, 1926  
Month day year

8. FATHER  
Full name David Benites  
9. Residence (Usual place of abode) Claypool, Ariz.  
If nonresident, give place and state \_\_\_\_\_  
10. Color or race Mexican  
11. Age at last birthday 28 (Years)  
12. Birthplace (city or place) Mexico  
(State or country)  
13. Occupation clerk  
Nature of industry \_\_\_\_\_

14. MOTHER  
Full maiden name Esther Kirkland  
15. Residence (Usual place of abode) Claypool Ariz.  
If nonresident, give place and state \_\_\_\_\_  
16. Color or race White  
17. Age at last birthday 22 (Years)  
18. Birthplace (city or place) Congress  
(State or country) Ariz.  
19. Occupation House wife  
Nature of industry \_\_\_\_\_

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 1 (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn None 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at 2 P. m. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.  
Given name added from a supplemental report \_\_\_\_\_  
Signature J. L. Aotel, M.D.  
(Physician or midwife)  
Address Mogani Ariz  
Filed May 26, 1926 Local Registrar. \_\_\_\_\_  
Month, day, year. \_\_\_\_\_

Registrar. \_\_\_\_\_ Filed \_\_\_\_\_ 19 \_\_\_\_\_ County Registrar.

522-522-524